

### STATE OF NEW HAMPSHIRE

#### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

# RECEIVED

OCT 17 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist	(s) Debra V	anderbeek, Robe	rt Clegg, Periklis Karoutas, L	eann Moccia
II. Name of lobbyist	's partnership, firm o	r corporation, if a	ny:	
Legis	slative Solutions, L.L.	c.		
	me of partnership, firm of		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
P.	O. Box 10724	Bedford	NH	03110
Business Address: (S	itreet)	(Town/City)	(State)	(Zip Code)
( ) 603-986-914	45 <i>(</i>	)	e-mail dbeek@a	ol.com
(Telephone)		(Fax		
	covers: (Choose one – transactions which ar		rts for each client, OR you mate any one client).	ay file a separate report fo
☐ All reportable tra	nsactions occurring in t	he months prior to	the reporting date relative to the	ne following client:
	New Hampshire	Camp Directors A	ssociation	
	(Full Name of Client a	s it appears on the Lo	bbyist Registration Form)	•
OR ☐ All reportable tranunrelated to any parti	-	t (including the lob	byist's family), or the lobbying	g firm listed below which a
IV. Date of Report Reports cover: acti	April 26, 2017 🗍	tion to 3/31/17	July 26, 2017   activity from 4/1/17 to 6/30/17	,
	October 25, 2017 activity from 7/1/17 to 5	*	January 31, 2018 activity from 10/1/17 to 12/31	
			e transactions made since t ne Secretary of State's Office, S	
VI. Check if additio	nal reports are attach	ed:		
-	•		ile <b>Addendum A</b> – Fees and E	xpenses
7	an honorarium or reiml		ou must file Addendum B Re	
☐ If you, your firm	, or your family has ma	de political contrib	utions, you must file Addendu	ım C– Political Contributio
I have read RSA 15,	est of my knowledge a	and RSA 664 and h	ereby swear or affirm that the  Och bes (Da	foregoing information is true  1 13, 2017  1e)
(Print Name of lobby				

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## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client NH Camp Directors Association	Date October 13, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 1500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$3000.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 4500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses pair penses; (b) the aggregate total of all expenses; (c) that is given to the person d with a value of \$25.00 or less); and the aggregate than \$25.00 for the of greater than \$25, purchase of expense reimbursement, or political expenses aggregate total of all expenses aggregate total of all expenses of the aggregate total of all expenses of aggregate total of aggregate total of all expenses of aggregate total of all expenses of aggregate total of all expenses of aggregate total of aggregate
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported in a) of \$25 or loss.</li> </ul>	a) \$ 1500.00 b) \$ 0
in a), of \$25 or less.	
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>1500.00</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>3000.00</u>
f) Total of all expenses year to date	f) \$ 4500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	·
	:
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
De Silving	October 13, 2017
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	ffirmation by Lobby e and Expenses for:		•	
Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solution	ns	_
Name of Client (leave particular client):		or the partnership, firm, or	corporation and not related to a	ny _
Date of Report (check	one):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017	January 31, 2018 □	
			nd Expenses described above, as umber of Addendum forms bei	
Addendum A(	s).			
Addendum B(	s).		•	
Addendum C(s	s).		٠	
	my knowledge and bel	lief.	nt and each Addendum is true and ber 13, 2017  (Date)	nd
Robert Clegg				

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying parti	nership, firm, or corpo	oration: Legislative So	olutions :
Name of Client (leave b particular client):		•	corporation and not related to any
Date of Report (check o	ne):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 💆	January 31, 2018 □
-			nd Expenses described above, and umber of Addendum forms being
Addendum A(s)			
Addendum B(s)			
Addendum C(s)			
complete to the best of		lief.	ber 13, 2017
(Signature of lobbyist)			(Date)
Periklis Karoutas			
(Print Name of lobbyist	)		

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irma	ation	by	Lobbyist
Statem	ent of	Income	and	Expe	ense	es for:

Name of Lobbying part	tnership, firm, or corpo	oration: Legislative	Solutions	
	blank if Statement is fo	or the partnership, firm, or	or corporation and not related to	any
Date of Report (check	one):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017 🕱	January 31, 2018 □	
			and Expenses described above, number of Addendum forms be	
Addendum A(s	).			
Addendum B(s	).			
Addendum C(s	).			
I hereby swear or affirm complete to the best of		lief.	ent and each Addendum is true	and
(Signature of lobbyist)	Julian	/ Oct	ober 13, 2017 (Date)	
( <u>6</u>			(Butte)	
Leann Moccia			·	
(Print Name of lobbyist	· ·			